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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Name of COMMITTEE IN FULL Friends of Rosa DeLauro			7		
ADDRESS (number and street) 129 Church St, Ste 818			-		
ANTI-			_		
CITY, STATE, and ZIP CODE New Haven	CT 0651	10			
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)		IUMBER	
Rosa L DeLauro	· ·			·•···	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	////		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount	
Dr. Manon Cox	Protein Sciences	Protein Sciences			
			10/27/2014	1000.00	
160 Morgan Ave					
		Transaction ID : C10290363			
East Haven CT 06512-45	Occupation 19 CEO				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
NATIONAL BEER WHOLESALERS ASSOCIATION	Name of Employer	Name of Employer			
POLITICAL ACTION COMMITTEE			10/27/2014	1000.00	
1101 KING STREET					
SUITE 600		Transaction ID : C10288872			
ALEXANDRIA VA 22314	Occupation				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount	
Ms. Sandra G. Palumbo	P&P Enterprise Co LLC		day, year)		
			10/26/2014	1000.00	
304 Tyler Street		Transaction ID : C10288741			
East Haven CT 06512-282	Occupation Bookkeeper				
ILL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer			Date (month,	Amount	
			day, year)		
	Occupation	On a series of			
	Occupation	Cocupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount	
	, , , , , , , , , , , , , , , , , , ,				
		Occurs the s			
	Occupation				
SIGNATURE (optional)		DATE	For further info	ormation contact:	
Patrick Charmel	[Electronically Filed]	10/28/2014 [Flectronically Filed]		Federal Election Commission 999 E Street, NW, Washington, DC 20463	
	[2:00::0:::0:::::::::::::::::::::::::::			30, Local 202-694-1100	

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